



JUL 222005

Fee Paid _

For Ecology Use

Date 22

State of Washington

Application for a Water Right Ecology

Please follow the attached instructions to avoid unnecessary delays.

Name <u>FTGA Timberlands, LLC</u>				offic Tel.)_		
Mailing Address 2987 Gr			Work	Ге <mark>l:_(36</mark>	0) 802–55	81	
CityEnumclaw	ty <u>Enumclaw</u> State <u>WA</u> Zip+4 98022 +			FAX:	(360) 82	25-3492	
Section 2. CONTA ☐ Same as above	ACT - PERSON	TO CALL	ABOUT	THE	APPLI	CATIO	N
NameJulie Stangell				Home Tel	:()		
Mailing Address	SAA		W	ork Tel:()_	-	
City	State Z	ip+4	+	_FAX:(_)		
elationship to applicant_	Land Mana	ager, Hancock	Forest Mar	nagement,	senior fo	<u>orester</u>	
Section 3. STATE	MENT OF INTI	ENT					
	iai dualitity to be used	III ACIC-ICCL D		J acid ice			
Check if the water u	ise is proposed for a sh	nort-term proje					water will be nee
Check if the water u From Section 4. WATE	se is proposed for a sh	nort-term proje		e the perio	d of time		water will be nee
From Section 4. WATE If SURFACE WATER Name the water source and lake, etc. If unnamed, we "unnamed stream," etc.:	R SOURCE Ind indicate if stream, so rite "unnamed spring," Unnamed tributary	nort-term proje	ect. Indicate	e the period	d of time	e that the v	
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name	R SOURCE Ind indicate if stream, so rite "unnamed spring," Unnamed tributary 1	pring,	ect. Indicate	DWATE	d of time	e that the v	
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name Tolt River	R SOURCE Ind indicate if stream, so rite "unnamed spring," Unnamed tributary 1	pring,	ect. Indicate	DWATE	d of time	e that the v	
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name	R SOURCE Ind indicate if stream, sorite "unnamed spring," Unnamed tributary 1 of body of water):	pring, ges in feet from	If GROUNIA permit is of Size & depth	DWATE:	ed of time	well	(s).
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name Tolt River LOCATION Enter the north-south a section corner:	R SOURCE Ind indicate if stream, sorite "unnamed spring," Unnamed tributary 1 of body of water):	pring, ges in feet from	If GROUNIA permit is of Size & depth	DWATE: desired for n of well(s	R Sion or v	withdrawa	(s).
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name Tolt River LOCATION Enter the north-south a section corner: Diversion 1: 2160 feet	R SOURCE Ind indicate if stream, sorite "unnamed spring," Unnamed tributary 1 of body of water): and east-west distance south and 1800 feet Section Township	es in feet from west of NE c	If GROUNIA permit is of Size & depth corner sections.	DWATE: desired for n of well(s	R Sion or v	withdrawa	(s). al to the nearest
From Section 4. WATE If SURFACE WATER Name the water source an lake, etc. If unnamed, w. "unnamed stream," etc.: Number of diversions: Source flows into (name Tolt River LOCATION Enter the north-south a section corner: Diversion 1: 2160 feet	R SOURCE Ind indicate if stream, sorite "unnamed spring," Unnamed tributary 1 of body of water): and east-west distance south and 1800 feet	es in feet from west of NE co	If GROUNIA permit is of Size & deptherm the point corner section	DWATE: desired for n of well(s	R Sion or v	well withdrawa	(s). al to the nearest see is platted, completelow:

ECY 040-1-14 Rev. 7/97 * * f **APPLICATION**

Appl. No.: 5/- 28 279

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: None
B.	Briefly describe your proposed water system. (See instructions.)
	Water will be drawn from at bridge or culvert using portable pump to fill a tank truck. Water will be used for vegetation control project to allow continued commercial forest management of property totaling more than 100,000 acres. Water will not be required from this source every year.
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	
	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcres
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Will y	ou be using a dam, dike, or other structure to retain or store water?	□ YES ☑NO
some p	If you will be storing 10 acre-feet or more of water and/or if the water depth will be ortion of the storage will be above grade, you must also apply for a reservoir permitation from the Department of Ecology.	to 10 feet or more at the deepest point, and to You can get a reservoir permit
Sect	tion 9. DRIVING DIRECTIONS	
Provid	e detailed driving instructions to the project site.	
Highw	ay 202 to Mill Pond Road to Mainline road to Gate 4. Please note a key and	permit are required for access.
4 TO THE R. P. LEWIS CO., LANSING, MICH.	x 16 miles up mainline to green bridge, left on 25000 road, right on 25300 road approx 1.5 miles	oad, turns into 23000 road, left on
Sect	tion 10. REQUIRED MAP	
A.	Attach a map of the project. (See instructions.)	
Sect	ion 11. PROPERTY OWNERSHIP	
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the na	■YES □ NO me(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located?	✓ YES □ NO
I certi to pro monit	If no, submit a copy of agreement: fy that the information above is true and accurate to the best of my knocess my application, I grant staff from the Department of Ecology accesoring purposes. Even though I may have been assisted in the preparation	s to the site for inspection and on of the above application by the
emplo	yees of the Department of Ecology, all responsibility for the accuracy of	the information rests with me.
		22.0S
Applic	ant (or authorized representative) Date	
[ando	wner for place of use (if same as applicant, write "same") Date	
Lando	when for place of use (it same as applicant, write same)	

Section 8. WATER STORAGE

Use this page to continue your answers to any questions number before answer.	on the applic	ation. Please indicate section
We are returning your application for the following reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	_ is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and (date).	return your ap	plication by
Ecology staff	Date	
Ecology is an Equal Opportunity and Affirmative Action en	nployer.	

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

